

*SNEEZES AND WHEEZES*

**All about drug allergies**

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For further information  
on allergies and asthma  
log onto our website:

[www.allergyasthmasi.com](http://www.allergyasthmasi.com)

Although medications are prescribed to help people, nearly all can have side effects. Only 5% to 10% of adverse reactions to commonly used medications are allergic, which means that a person's IgE immune system overreacts to the drug and causes an allergic reaction. It is important to recognize allergic reactions because they can lead to anaphylaxis, a life threatening reaction.

**Common drugs that cause a reaction**

Most drugs occasionally cause allergic reactions. However, there are certain medications that are more likely to produce allergic reactions due to their chemical structure. They include:

- Antibiotics, such as penicillin
- Anticonvulsants and hormones such as insulin
- Certain medicines used in anesthesia, such as neuromuscular blockers
- Vaccines and biotechnology-produced protein

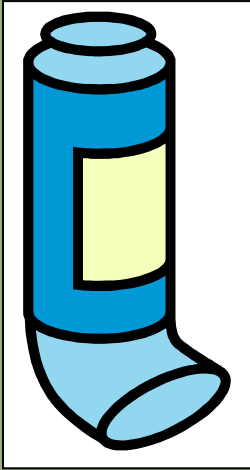
**Symptoms of an allergic reaction**

A severe reaction can occur when an allergic person's immune system produces the antibody called IgE in response to a drug. The most frequent types of allergic symptoms to medications include:

- Skin rashes, particularly hives
- Itching
- Respiratory problems, such as wheezing
- Swelling of areas of the body
- A severe, life threatening allergic reaction, called anaphylaxis

**Treatment of drug allergies**

When an adverse reaction to a medication is minimal, treatment is limited to discontinuation of that drug. If there is a more severe reaction, an allergist/immunologist may provide antihistamines, corticosteroids and other medications. Patients with a drug allergy can often be given an alternative medication. When there is no alternative, yet the medication is essential, desensitization will be recommended. This involves gradually introducing the medication in small doses until the therapeutic dose is achieved. Talk to an allergist/immunologist about medications to avoid, and alternatives that are safe to take.



**Make sure to attach spacer to your metered dose inhalers (MDIs)**



Until now, your asthma inhaler has used chlorofluorocarbons (CFCs) to propel the medicine out of the inhaler and into your lungs. However, because these CFCs are harmful to the earth's ozone layer, all albuterol inhalers will now use hydrofluoroalkane (HFA) instead of CFCs to push the medicine out of the inhaler. Replacing the CFCs in your metered-dose inhalers (MDIs) with another substance called hydrofluoroalkane (HFA) will make the environment safer for everyone. Production of CFC inhalers stopped December 2006. No CFC albuterol inhalers will be sold after December 31<sup>st</sup> 2008. Remember the medicine in your inhaler is not changing, only the propellant.

### HFA vs. CFC

#### Similarities of HFA and CFC inhalers

- Same medicine in the inhaler
- Shape is similar
- Size is similar
- Convenient to use

### New HFA inhaler

Ozone-friendly to the environment

Might be slightly different in smell and taste

Mist is less forceful and warmer, but the medicine delivery often is better because "softer" force.

May need to be cleaned and cared for differently. (These devices should not get wet, don't use the float test!)

### How do I get an HFA inhaler?

To get an HFA inhaler you will need a new prescription from your physician. Work with your allergist/immunologist to determine which HFA inhaler is right for you. You will not be able to exchange your current CFC inhaler for an HFA inhaler at the pharmacy; a new prescription is required.

Since no HFA generic is available, the formulary tier will at least be step 2 (or step 3). Please check your formulary for insurance preferences.



**Seven Common "Numbers" to Measure Asthma Control:**

**Asthma Numbers Patients Can Measure:**

1. Number of Rescue Puffs
2. Number of Nighttime symptoms
3. Number of Daytime symptoms
4. Peak Flow Score

**Asthma Numbers a Doctor or Specialist Can Measure:**

5. FEV1 (Forced Expiratory Volume)
6. Allergic Triggers (via skin test, IGE specific lab test)
7. IgE or Immunoglobulin E (via IgE blood test)

***If you have asthma, you should speak to a specialist if:***

- You use your rescue puffer more than two times a week
- You suffer from nighttime awakening
- You experience daytime symptoms at least one time every day
- Your peak flow score is less than 80 percent
- You have a low FEV1 amount

## Questions about Singulair

There have been recent reports of possible links to suicidal thoughts with patients on Singulair.

The reports are anecdotal, reported by physicians, patients/relatives taking Singulair. There are no actual controlled drug studies on Singulair yet.

Out of 7,500 patients, (adults and children combined) one patient on Singulair attempted suicide, and three patients attempted suicide that took inhaled steroids/bronchodilators **instead** of Singulair.

Were the suicide attempts coincidental versus true increased risk for suicide if on Singulair? No one knows yet...so studies will begin, and may take many months for a conclusion. But the large number of patients that have taken Singulair **without** suicidal thoughts or depression seem to greatly outnumber the one patient reported so far.

**ADVICE?** If prior risk of suicidal thoughts or depression, then hold Singulair. There is no alternative in the same class of medications because the "leukotriene drug family" is to be investigated (Accolate, Zflo and Singulair).



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*Danders, Pollen*

*And Molds*

*OH MY!!!!*

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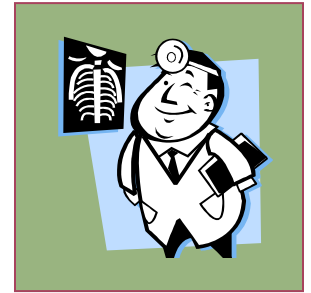
*Frequently asked questions of the Doctor...*

**Will moving help my allergies?**

People with allergies have an inherited, genetic tendency to produce IgE, the allergic antibody, to many different substances such as seasonal allergens, (trees, grasses, weeds) or year-round allergens (dust mites, pet dander). When a person with allergies moves to another location, exposure to different allergens in the new location will likely result in a new set of allergy triggers, thereby trading one set of triggers for another. In some cases, the benefits of a change in location may outweigh the negative aspects.

Before making a move to "get away from your allergies" consult with your allergist. When contemplating a move, if possible, check out the new environment by visiting there for two to four weeks (or more) to see if your symptoms improve. Keep in mind it may take months or years to become allergic to a new allergen i.e., tree, grass or weed species.

Seasonal allergy sufferers may be able to find temporary relief by taking a vacation during the height of the pollen season to a more pollen-free environment such as near large bodies of water.



*Frequently asked questions of the Experts...*



**Not available at time of print**

**Stay tuned for our  
Summer Break Hours**

**Bloomington Shot  
Hours Only**

**Bedford Shot Hours Only**

**In the office other days for  
prescription refills.**

**SHOT KID WINNERS!!**

**March**

**April**

*Kody SpainHowrd      Gibson Oliver*  
*Marcus Byrd          Garrett Stephens*  
*Jacob Mauro         Rebekah Burkhart*



